Y 000 Initial Comments Y 000 Initial Comments Y 000 Initial Comments Y 000 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as	Y 000	Initial Comments			Y 000			
conducted in your facility on 8/5/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness Category I residents. The census at the time of the survey was ten. Ten resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified: Y 072 SS=E NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every		The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an follow-up State Licensure survey conducted in your facility on 8/5/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness Category I residents. The census at the time of the survey was ten. Ten resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified: 449.196(3) Qualifications of Caregiver-Med Training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The		al as as al, al, ad as rey ate pority on. Bility on a lovey and a lovey and a lovey and a love and	Y 072			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER				(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
	NVS82AGC			A. BUILDING B. WING					
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE				
REST CADE FACILITY 1			720 S NINT	NTH STREET AS, NV 89101					
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Y 072	Continued From page	e 1		Y 072					
	satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 8/5/10, the facility failed to ensure 1 of 2 caregivers had completed the required three hour medication management refresher training every three years (Employee #3). This is a repeat deficiency from the 2/2/10 State								
	Licensure survey. Severity: 2 Scope:	: 3							
Y 105 SS=F	5 449.200(1)(f) Personnel File - Background Check		heck	Y 105					
	a separate personnel member of the staff o	ee provided in subsection file must be kept for ea of a facility and must inc iance with NRS 449.17	ach lude:						
	Based on record revieus failed to ensure 4 of 4 background check reviews.	ot met as evidenced by: ew on 8/5/10, the facility 4 employees met quirements (Employee ed, #2 - failed to have s	y #1 -						

		(X1) PROVIDER/SUPPLIER/G		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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I REST CAPE FACILITY 1				NINTH STREET EGAS, NV 89101					
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Y 105	Continued From page 2			Y 105					
	copy of the fingerprin to have evidence of a statement, state and		ailed , s).						
Y 178 SS=D	3 449.209(5) Health and Sanitation-Maintain Int/Ext		Y 178						
	NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.								
	This Regulation is not met as evidenced by: Based on observation on 8/5/10, the facility failed to ensure the premises were clean and well maintained.								
	Findings include:								
	the light switch did no Bedroom #5 - the doo	or was broken. Indow screen was missir	ŕ						
Y 255 SS=F	449.217(6)(a)(b) Perr	nits - Comply with NAC	: 446	Y 255					

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Y 255	Continued From page 3			Y 255				
	NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.							
	This Regulation is not met as evidenced by: Based on observation, interview and record review on 8/05/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Raw eggs were stored over ready-to-eat foods, such as salad, grapes and bread, in the reach-in refrigerator.		e the 446.					
	b. The person-in-charge of the kitchen was not food safety certified at the time of the inspection.2. Cleaning and Sanitation Issues:							
	Cleaning and Sanitation Issues: a. Multiple food items were not properly labeled or dated within the reach-in refrigerators and dry storage area.							

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Y 255	Continued From page	e 4		Y 255					
	 b. There was no thermometer for monitoring the cooking and holding temperatures of potentially hazardous foods. c. Frozen beef was observed improperly thawing on the 3-compartment sink drainboard. d. A case of drinking water was stored on the floor underneath the handsink. e. The food preparation worker was not wearing a hair restraint. f. Single service containers, such as empty margarine containers and empty cans, were being reused for the storage of other foods, such as sugar, rice, and flour. 3. Equipment and Maintenance Issues: a. There was a household-grade rice cooker in 								
V 876	Severity: 2 Scope: 3			Y 876					
SS=D	6 449.2742(4) Medication Administration NRS 449.037		10/0						
	NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.								

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NAME OF DE	ROVIDER OR SUPPLIER	NV302AGC	STREET ADD	RESS CITY STA	ATE ZIP CODE	00/0	15/2010		
	RE FACILITY 1			DDRESS, CITY, STATE, ZIP CODE NTH STREET ASS. NIV. 20101					
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Y 876	Continued From page 5			Y 876					
	This Regulation is not met as evidenced by: Based on record review and interview on 8/5/10, the facility failed to ensure that 2 of 10 residents medications were at a maintenance level (Resident #1 - Clonidine hold for blood pressure greater than 160/90, and #8 - Metoprolol hold for blood pressure less than 110/55). Severity: 2 Scope: 1								
Y 930 SS=C	449.2749(1)(a) Resident File-Storage, Res			Y 930					
	NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident.								
	This Regulation is not met as evidenced by: Based on observation on 8/5/10, the facility failed to ensure the resident's files were kept in a locked place protected from unauthorized use (the resident's files were kept in an unlocked filing cabinet in the family room). Severity: 1 Scope: 3								

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		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB	BER:		2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PR	ROVIDER OR SUPPLIER	•	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	•		
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Y 936	6 Continued From page 6			Y 936				
Y 936 SS=D	['] 936 449.2749(1)(e) Resident file-NRS 441A			Y 936				
	NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.							
	Based on record rev failed to ensure 2 of NAC 441A.380 rega (Resident #4 - no tw signs and symptoms TB test).	•	y th g ting ep					